


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

05 APR 20 11:59

STATE OF FLORIDA
DIVISION OF CORPORATIONS

000054212350
05/10/05--01051--027 **603.75

DOCUMENT # **n34778**

1. Corporation Name
IVES DAIRY COMMERCE CENTER CONDOMINIUM ASSOCIATION, INC.

2. Principal Office Address C/O ATLANTIC BIOLOGICALS		3. Mailing Office Address C/O ATLANTIC BIOLOGICALS	
Suite, Apt. #, etc. 20101 NE 16TH PLACE		Suite, Apt. #, etc. 20101 NE 16TH PLACE	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33179	Country USA	Zip 33179	Country USA

REINSTATEMENT 00-05

4. Date Incorporated or Qualified To Do Business in Florida **10/20/89**

5. FEI Number Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
STEVEN DAVIS

Street Address (P.O. Box Number is Not Acceptable)
121 ALHAMBRA PLAZA, 10TH FLOOR

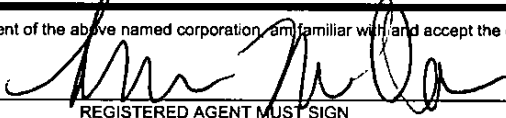
Suite, Apt. #, Etc.

City
CORAL GABLES

State
FL

Zip Code
33134

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

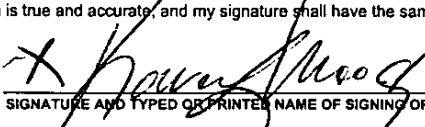
Signature of Registered Agent X  Date 4-7-05

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DPT	KAREN MOODY	20101 NE 16TH PLACE	MIAMI, FL 33179
DV	ART DENUNZIO	115 MADERIA AVE	CORAL GABLES, FL 33134
VS	JOANNE BOSNER Besner	21050 NE 38th AVE 10433 S LAKE VISTA CIRCLE	Aventura, FL 33180 DAVIE, FL 33328

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: X  4/18/05 (305) 690-4233

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (01/05)